

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			086199
FORMALITY REVIEW		DM	7.15.99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	✓	6/28/02
2	2	✓	11/14/02
3	3	✓	4/4/03
4	4	✓	9/30/03
5	5	✓	5/13/04
6	6	✓	2/2/05
7	7	✓	11/1/05
8	8	✓	11/1/05
9	9	✓	11/1/05
10	10	✓	11/1/05
11	11	✓	11/1/05
12	12	✓	11/1/05
13	13	✓	11/1/05
14	14	✓	11/1/05
15	15	✓	11/1/05
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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